

City of Middletown, Connecticut

Authorization Agreement for Direct Deposit of Payroll

I hereby authorize the direct deposit of my NET PAY by my EMPLOYER in the account and financial institution indicated, hereinafter call the DEPOSITORY. Such direct deposit will be made on each Thursday: ** I assume responsibility for verification of my payroll deposit amounts.

I request that my NET PAY be deposited at:

DEPOSITORY: _____
Name of Financial Institution Branch Branch Telephone

DEPOSITORY Address: _____ State: _____ Zip Code: _____

Deposit to: _____
Checking _____ OR Savings _____

*TRANSIT ROUTING/ABA NUMBER ACCOUNT NUMBER

This authority is to remain in full force and effect until my EMPLOYER, the City of Middletown, Connecticut, has received written notification from me of its termination, in such time, and in such manner, as to afford my EMPLOYER and DEPOSITORY a reasonable opportunity to act upon it. Initial enrollments and changes will require (14) fourteen days minimum advance notice.

In the event that my EMPLOYER deposits (credits) my account erroneously, I authorize my EMPLOYER to withdraw (debit) funds from my account in an amount not to exceed the original deposit, and to re deposit the "CORRECTED NET PAY".

NAME: _____ EMPLOYEE #: _____ SOCIAL SECURITY #: _____

DEPARTMENT: _____ DATE: _____

SIGNATURE: _____

* A voided check or savings account deposit slip must be attached to this form or presented for verification which agrees with the TRANSIT/ABA number and Account number listed above. ** For weeks with bank holidays, deposits will be made on Friday of that week.

REVIEWED BY: _____ DATE: _____

For Payroll Use Only
Pay Period: _____